## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

701261

(0)

## TRINITY CHURCH, INCORPORATED

Principal Place of Business Mailing Address						I 1881) (BA)( BAIR (IRIA	HAND BILLI I	AN DIBIA BADA BADA	II BIBH BHBH HUBI
655 N W 125TH STREET 655 N W 125TH ST NORTH MIAMI FL 33168 NORTH MIAMI FL 3			= =						
						3. Date incorporated or Q 08/01/1960	lualified	3a. Date of Las 05/01/1	
<del></del> 1	lace of Business	2a. Mailing Address				4. FEI Number 59-1201093		<del>  </del>	Applied For
Suite, Apt	# ele	Suite, Apt. #, etc.	<del></del>			00 120 1000	<del></del>	7 60 7	Not Applicable
22	······································	27 Suite, Apr. #, etc.				5. Certificate of Status De	sired		5 Additional Required
City & State	)	City & State				6. Election Campaign Fina	ancing	<del></del>	00 May Be
23 Zip	T ~	28	T 20			Trust Fund Contribution	1	☐ Adde	ed to Fees
Zip	Country	Zip	Country	У		8. This corporation has lia			r s. 199.032
24	25   29   30   9. Name and Address of Current Registered Agent		30			Florida Statutes  10. Name and Address of		Yes No	<del></del>
	Of Indiana Brown Land	III III III III III III III III III II	81	INε	ame	(A' Maille Mile arester -	Non	Maraian Marin	
PRESTOR	N, CLYDE A REV		9.	<u> </u>		(2.2. Dec. March as in Mas.			<del></del>
	. 125TH STREET		82 Street Ad		69100A 1991.	ss (P.O. Box Number is Not /	Acceptabl	ie)	
MIAMI FL			83	1					
			84	f Cit	ity			<b>85</b> Z	ip Code
44 Descripti	Sections 617 06/	1047 - FOR Clasical Chatter	** * * * * * * * * * * * * * * * * * *	1	•		<del>, , , , , , , , , , , , , , , , , , , </del>	F1.	•
OHIGE DUR	to the provisions of Sections 617.050 egistered agent, or both, in the State	e di Fidrida. Such chanda was a	alinorized o	IV INE	med corpor corporation	ation submits this statement of directors. I here	for the puby accep	urpose of changing t the appointment	g its registered as registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 617.0503, He	orida Statute	) <b>S</b> .	•		-,		
SIGNATURE _	Signature typed or printed name of registered age	ent and tille if applicable. (NO	TE Registered Ag	rent sig	nature required	when reinstating)		DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES 1	TO OFFICE		ORS IN 12
TITLE	P. <b>C</b> ,	☐ DELETE	1.1 1ffle		P			☐ Chang	
NAME	PRESTON, CLYDE A.		1,2 NAME		QUI	Dley, Robert			
STREET ADDRESS	655 NW 125 ST		1.9 STREET		ress   <i>90</i>	NE 132 nd.	TERI	2	
CITY-ST-ZIP	MIAMI FL 33168	T DELETE	1.4 City - 5	ST-ZIP	<u>, N</u>	NE 132 rd.	316	/	A-2-2-20
TITLE NAME	D Maalouf, George	☐ DELETE	2.1 TITLE		113			Chang	e Addition
STREET ADDRESS	7009 N.W. 169TH ST.		2.2 NAME 2.3 STREET			NDISCH, CHAR ONE 1753			
CITY-S1-ZIP	MIAMI FL		2.3 STREET		100 100 A/	MIAMI BLACK	ロム	27/42	
TITLE	S	DELETE	2. 4 CHT-	31-en	<u> </u>	MIMINI TORNE	<u> </u>	Chang	e Addition
NAME	BIGGS, VICTOR		3.2 NAME		VA	LCARCEL, MA.		<del>-</del> ·	·
STREET ADDRESS	10118 N.W. 41 ST		3.3 STREET	T ADOR	RESS 144	IO NW TAVE	,		
CITY - ST - ZIP	MIAMI FL 33178		3.4. CITY-	ST-ZIP		AMI PL 3316	8		
TITLE	DJT OA IOHO PRIMOF	☐ DELETE	4.1 TITLE		TI			Chang	e Addition
NAME CIDCLI ADODECC	SAJOUS, PRINCE		4.2 NAME		SAC	Jous, PRINCE			
STREET ADDRESS	7800 NW 15 AVE. MIAMI FL 33147		4.3 STREET		RESS   78.	do NW 15 ATE	. (		
CITY-ST-ZIP TITLE	MIAMI FL 33147 D	DELETE	4.4 CITY-5 5.1 TITLE	ST-zir	<u> </u>	1AM) FL 331	41_	☐ Chang	e Addition
NAME	SANON, SERGE	<del></del>	5.2 NAME					والمدالة المبلغ	5 La reminon
STREET ADDRESS	13743 N.E. 20TH PLACE #1		5.3 STREET		223e				
CITY-ST-ZIP	N. MIAMI FL 33181		5.4 CiTY - 9						
TITLE	D	☐ DELETE	6.1 TITLE	**		**************************************	***************************************	☐ Chang	e Addition
NAME	SUTHARD, JAMES		6.2 NAME						
STREET ADDRESS	505 NW 122ND ST.		6.3 STREET	t addri	ness				
CITY-ST-ZIP	N. MIAMI FL		6.4 CITY - S	ST-ZIP	,				
intermation	y certify that the information supplied n indicated on this annual report or s	supplementat annual report is t	true and accu	urata	a and that m	iv signature shell heve the co	lene lenel	affect as if made i	under eath: that
i am an on	ficer or director of the corporation or n Block 12 or Block 13 if changed, or	r the receiver of trustee embow	vered to exec	cute t	this report a	is required by Chapter 617,	Florida St	atutes; and that m	y name

**SIGNATURE** 

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/97

305-685-8923

**FILED** 

May 30 1997 8:00am

Secretary of State

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